

The Hampden Hippocrat

A Bulletin for the Hampden District of the Massachusetts Medical Society

VOLUME XIII

NOVEMBER, 1957

No. 9

THE JENKINS-KEOGH BILL

A Plea for Action by

Louis E. Hathaway, Jr., M.D., Legislative Councilor,
Hampden District Medical Society

I strongly urge the members of the Hampden District Medical Society to contact both our two Senators and our Congressmen to support the Jenkins-Keogh bill, a synopsis of which appears on page 6. This is an act to enable a self-employed individual to set up his or her own pension plan.

A committee representing the American Medical Association, the American Bar Association, the American Dental Association and national groups of Realtors and Accountants, and known as the American Thrift Assembly has been set up to function on National, State and Congressional District levels.

The Jenkins-Keogh bill should be of interest to all of us for the following reasons:

1. It affects all self-employed physicians.

2. It authorizes you to put part of your earnings before taxes into a retirement fund. Maximum amount you could set aside would be ten percent of your annual net, but not more than \$5,000. a year.

3. It provides that your annual set-aside could be even greater than 10% if you are over 50.

4. It permits you to accumulate as much as \$100,000 in your tax-free retirement fund.

5. It leaves you free to put retirement savings into a trust fund (run for you by a bank), or into an annuity, or into a life insurance policy. You could even earmark a present policy for retirement purposes and deduct most of the annual premium you now pay. Whatever your method of setting up a retirement plan, you would pay taxes on your money ONLY WHEN YOU RECEIVED IT and that would be normally after age 65.

In 1956 the Massachusetts Medical Society resolved to "go on record as favoring the Keogh-Jenkins bill and that the Society should write each of the senators and representatives from Massachusetts urging them to vote for passage of this bill."

Now it is our turn to write. I appeal you to do so without delay.

NEXT MEETING, WITH AUXILIARY, DECEMBER 3, (See page 4).

Allen G. Rice, M. D. Sec.

Hampden Hippocrat

"Life is short and art is long, the occasion fleeting, experience fallacious and judgment difficult."
—Hippocrates, 430 B.C.

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VOTING MACHINES NEXT?

According to the mandate voted at the recent meeting of the Hampden District Medical Society, the specially appointed Committee on By-Laws must bring in an amendment which would compel the executive councilor from Hampden to vote at State Society meetings as instructed by the District Society. The fundamental concept of representative government thereby is raised for examination.

Lexicographers define representation as "the right of acting authoritatively for others; as agent or elected delegate". Nowhere is found the specification that representatives must vote as instructed regardless of whatever additional information emerges, or whatever differing points of view are brought out in debate. The situation

was perhaps summed up best of all in a recent communication from Dr. Buck, Secretary of our State Society, when he stated: "Sober judgment has generally resulted in the opinion that the councilor should be free to vote in accordance with his best judgment. This is chiefly because arguments may be brought out during discussion at the Executive Committee meeting that would make it impossible for him to follow instructions imposed upon him without adequate knowledge of the background facts.

"If the executive councilor were a mere automaton, there would be no occasion for a meeting of the Executive Committee merely for the purpose of rubber stamping the vote of the district societies

"It goes without saying that the executive councilor is always expected to present fully the point of view of his constituents, no matter how he votes."

Our agents in the Council should indeed make clear the views of their constituents, particularly when approved at stated meetings. But we feel sure that the proposed amendment, if added to our present By-laws, would discourage the services of able men who might well balk at this stultifying limitation. Would the best interests of our State Society with its more than 7000 members, and of our millions of patients be served by robots and their rubber stamping? Not by a long shot, as we used to say! S. Q. Lapius

Address Business Correspondence to:

Dr. John E. Leary
146 Chestnut Street — Springfield, Mass.
Telephone: RE 4-3381



P - R ACTIVITIES

The Public Relations Committee is about to release several feature articles in the Sunday edition of the Springfield Republican relating to medical activities and facilities in the Hampden area.

It hopes to continue and to maintain the Society's interest in the Science Fairs of the various high schools.

It intends to have an indoctrination meeting for new members of the District Society in the late Spring. Last year's meeting was successful and profitable.

On August 27 a member of our committee attended the A.M.A.'s Public Relations Institute in Chicago (Hippocrat, October, 1957).

The P-R committee found it necessary to respond to the Springfield newspapers claim that doctors were overcharging for flu injections. It was felt that this called for immediate action.

Joseph Baker, M.D.,
Public Relation Councilor

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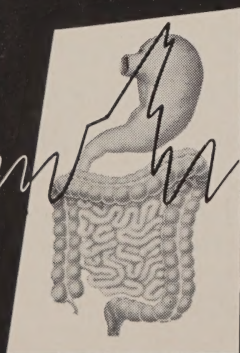
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- is an effective dual antispasmodic
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dosage: one tablet before each meal and at bedtime.

SEARLE

NEXT MEETING

The December meeting will be graced by the presence of the members of the Auxiliary to the Hampden District Medical Society.

Guest Speaker

THEODORE G. KLUMPP
President, Winthrop Laboratories

Time: Tuesday, December 3rd, 6:30 P. M.

Place: Rovelli's, 1396 Boston Road, Springfield.

YOUR ATTENDANCE IS URGENTLY REQUESTED

Allen G. Rice, M. D.

Secretary

AUXILIARY PROGRAM

The Woman's Auxiliary to Hampden District Medical Society
Announces the Following Program for 1957-58.

October 15, 1957 Meeting and Tea

William Pynchon Memorial Building
Museum Quadrangle
Springfield, Massachusetts - 2:00 P. M.
Exhibit of Works of Art
Done by Members and Their Families
A Message from Dr. Allen Johnson
President of the Hampden District
Medical Society

November 2, 1957 White Cap Ball

Roger Smith Hotel, Holyoke, Massachusetts
Formal Dinner Dance at 8:00 P. M.
(Our only fund-raising project. Proceeds will be used for Nurse Recruitment and Nurse's Scholarship Fund.)

December 3, 1957 Joint Meeting

With the Hampden District Medical Society
Time and Place to be announced later.

December 5, 1957 Christmas Tea

3:00 to 5:00 P. M. at the home of
Mrs. Harry L. Strachan, Jr.
102 Atwater Road
Springfield, Massachusetts

February 11, 1958 Guest Meeting & Tea

William Pynchon Memorial Building
Museum Quadrangle
Springfield, Massachusetts - 2:00 P. M.
Speaker - Rolf Eliassen, Ph.D.
Professor of Sanitation Engineering
Massachusetts Institution of Technology
Consultant on Water to the
Atomic Energy Commission

April 15, 1958 Annual Luncheon Meeting

Wyckoff Country Club - 1:00 P. M.
Holyoke, Massachusetts



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in rheumatoid arthritis

on only 12 mg. daily average maintenance dosage†

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†in rheumatoid arthritis—daily maintenance dosage averages only 12 mg. (may be as low as 5 mg.) after initial suppression of symptoms

*"Meti"*steroids mean minimal maintenance dosage*

dosage: In rheumatoid arthritis—initially 20 to 30 mg. a day until favorable response is obtained. Dosage is gradually reduced by 2.5 to 5 mg. daily until maintenance levels between 5 and 20 mg. are reached. Buff-colored tablets of 1, 2.5 and 5 mg.

The Jenkins-Keogh Bill (Synopsis)

"This Bill allows a self-employed person to deduct from gross income each year a limited amount of self-employment income contributed by him to a restricted retirement fund or paid in as premiums to purchase an insurance policy with retirement features. He can deduct annually up to \$5,000 or 10% of self-employment income, whichever is less, but not more than a total of \$100,000 during his lifetime. There's a five-year carry-over of unused deductions, subject to certain limitations.

"An individual who has reached age 50 before the effective date is allowed to deduct an additional amount, to help build up an adequate interest in the fund or obtain more than a token annuity. In his case, the normal deduction limit is increased by one-tenth for each year of age over 50 and not over 70.

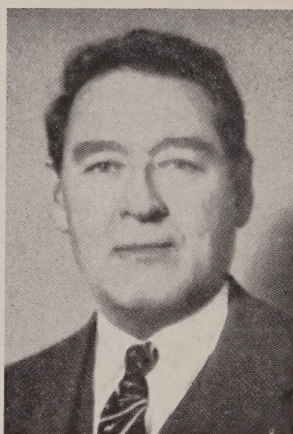
"The contributions, plus accumulations, become taxable when distributed, and may be withdrawn at any time. However, where withdrawals take place before age 65 the tax is 10% greater than otherwise payable, but the payment is treated as having been received pro rata during the taxable year and the four preceding years. Lump sum payments after age 65 are given special treatment."

American Thrift Assembly

HOW TO WRITE YOUR SENATORS AND CONGRESSMEN

1. Be brief.
2. Be straightforward and sincere, giving your own ideas in your own words. Do not follow a form letter.
3. Emphasize how the Jenkins-Keogh Bill affects you, your community and public interest.
4. Be friendly and courteous.
5. Do not use carbon copies. Write each man individually.
6. Sign your letter legibly and always include your address.

DR. HAGLER RETIRES



It is seldom that an opportunity presents itself to express more sincerely our regard and respect to a colleague than we have on the occasion of Dr. Frederic Hagler's retirement from the practice of medicine.

On November first Dr. Hagler celebrates his seventieth birthday, and he has announced that he will as of that date terminate his 46 years of professional activity, 36 years of which have been in Springfield.

Characteristically modest, retiring and free from pretense, one needs but to know Dr. Hagler to appreciate his sincerity and ability. He has served as president of the Springfield Academy of Medicine, of the Hampden District Medical Society and finally of the Massachusetts Medical Society.

When serving as President of the Staff of the Wesson Memorial Hospital, Dr. Hagler would typically end the routine of business meetings with the query: "Has anyone anything more to offer for the good of the order?" One of the particular reasons why he stands so high in our esteem is that Dr. Hagler has always been ready to give his very best "for the good of the order."

The Medical Staff is holding a Testimonial dinner in honor of Dr. Hagler on Monday evening, November eleventh, to which his professional friends are welcome. Garry deN. Hough, Sr.

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Suspended with methylcellulose
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CORRESPONDENCE

The Proposed Amendment

At the September meeting of our District Society a By-Laws Committee was appointed to formulate an amendment which would compel the Executive Councilor to carry out the wishes of the District Society.

Such an amendment would lead to many confusing and impossible situations. There are many problems presented at the executive meeting of the Council which the District has had no opportunity to consider. Is the executive councilor always to ask for a plebiscite? Furthermore, assuming he has been instructed to vote one way and such information is presented at the executive meeting as to render such a vote unwise, does he still have to abide by the wishes of his District Society? We might just as well send a post card rather than have a member waste a day's travel to Boston.

It should be stressed that before each council meeting a pre-council meeting is held when all issues presented in the Advance Information Bulletin are considered and voted on. In this sense the Executive Councilor is instructed but is not necessarily bound to vote in a similar or identical fashion.

The proposed amendment would not only create a totally unwieldy mechanism, but no intelligent person would consider serving as Executive Councilor with such stifling restrictions imposed on his thinking.

Donald R. Hays, M.D.

Dear Hippocrat:

The turmoil of the last District meeting was brought about not by one but rather two separate although closely related episodes. The first was the failure of our Executive Councilor to abide by the expressed wishes of the Society. The wisdom of this action is debatable and its approval or disapproval will be voiced by the membership when it is called upon to vote on

the proposed amendment to the by-laws. Personally I voted against it at the last meeting and will probably vote similarly the next time.

The second, and in my opinion, even more important factor was the manner in which the Executive Councilor belittled the opinion of his constituents. Instead of presenting respectfully their sentiments (regardless of his own vote) he chose to portray them as a minority group of rabble rousers. This misrepresentation, I believe, was responsible for most of the ill feeling and resentment. We must realize that this 'minority group of rabble rousers' not only constituted a legal quorum but also carried on a good deal of the business of the evening including the election of officers.

Joseph P. Derby, M.D.

Professional Liability Program

Dear Hippocrat:

At the A.M.A. New York meeting last June, the Board of Trustees and the House of Delegates authorized creation of a joint committee with the American Hospital Association for the purpose of formulating a joint medical professional liability prevention program. Members of the new committee have been appointed and the first meeting has been set for Saturday, Oct. 19, in Chicago.

Creation of such a committee came after the A.M.A. law department made a study of medical professional liability. The study, which was reported in detail on pages 1108-11 of the July 6, 1957, issue of the A.M.A. Journal, indicated that the majority of claims against physicians arise from medical procedures performed in hospitals.

In the report of its study, which was first initiated in May, 1955, the A.M.A. law department said:

"It was recognized at the onset that two approaches to the study were available. We could say as little as possible about the subject for fear of stimulating additional claims or we could plan a program designed to educate the members of the profession concerning accident and claims prevention and alert them to the pitfalls and occupational hazards in the practice of medicine. It was, and is, our belief that only by facing up to the facts of the past and present concerning medical professional liability can the profession intelligently plan ways and means to cope with this problem in the future."

It was largely on the basis of this recommendation that the A.M.A.-A.H.A. committee on professional liability was formed.

Ernest B. Howard, M. D.
Assistant Secretary, A.M.A.

Grand Rounds

Dear Hippocrat:

On Wednesday evening, November 13th, a progress report on coronary disease will be presented nationally by means of closed-circuit television. This will be the sixth in the series of Grand Rounds telecasts for the medical profession. The topic for discussion, "Three Key Questions in Coronary Disease," will be of great interest to all physicians, and we would greatly appreciate your bringing it to their attention through an announcement in the journal of which you are the editor. The telecast, which is approved for credit, Category II, AAGP, can be seen in 55 locations throughout the country. We are attaching a list which shows the locations in the various cities and the local times when Grand Rounds can be seen. The three major questions about coronary disease that will receive the attention of our clinical leaders that evening are: What is the place and value of surgery? What is the role of dietary fats? Is long-term anticoagulation worthwhile?

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Calcium Lactate	1 Gm.
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Vitamin A	6000 U.S.P. Units
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Thiamine Mononitrate (B ₁)	3 mg.
Riboflavin (B ₂)	3 mg.
Pyridoxine HCl (B ₆)	3 mg.
Vitamin B ₁₂ (cobalamin concentrate)	3 mcg.
Niacinamide	25 mg.
d. Calcium Pantothenate	5 mg.
Folic Acid	0.5 mg.
Menadione (K)	1 mg.
Vitamin E (dl, alpha tocopheryl acetate)	1 Int. Unit
Magnesium	3 mg.
Manganese	1 mg.
Copper	1 mg.
Zinc	1 mg.
Molybdenum	0.2 mg.
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change of views on these problems will be Drs. Edward H. Ahrens, Jr., Rockefeller Institute for Medical Research; Claude S. Beck, Western Reserve University; William Dock, State University of New York; Donald B. Effler, Cleveland Clinic Foundation; Ancel Keys and C. Walton Lillehei, University of Minnesota, and Paul Dudley White of Harvard University.

Time and nearest place where you can see Grand Rounds is Somerset Hotel, Boston, 9 P. M.

We trust that your editorial deadline will enable you to include an announcement of this event that we believe all physicians, regardless of their special fields of interest, will want to attend.

George W. Dana, M.D.
Chairman

Flu Vaccine

Dear Hippocrat:

Unfortunate deviations from locally established plans of priority in the

distribution of Asian influenza vaccine have been brought to the attention of the A.M.A. special committee on influenza.

The committee said it has received reports that some groups without regard for local priority plans, have ordered and are receiving supplies of the vaccine for their employees while physicians cannot obtain it to inoculate those who should receive it first.

In a report being sent to medical societies, the committee emphasized that "local medical societies should take the initiative in the organization of local advisory committees, composed of physicians, health officials, and representatives of other health groups, voluntary agencies, and civic organizations. They should be established to determine and recommend how the distribution should be made and in what order groups should receive it."

The committee chairman, Dr. Harold C. Lueth, said that individual physicians "have been urged to adhere to

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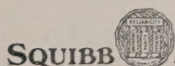
preferable... "preferable to the parent drug in those conditions in which prolonged progestogen activity is desired"

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1. J.A.M.A. 163:356 (Feb. 2) 1957.

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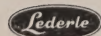
Tablets: Each tablet contains 0.5 Gm. ($7\frac{1}{2}$ grains) of sulfamethoxypyridazine. Bottles of 24 and 100 tablets.

Syrup: Each teaspoonful (5 cc.) of caramel-flavored syrup contains 250 mg. of sulfamethoxypyridazine. Bottle of 4 fl. oz.

¹Nichols, R. L. and Finland, M.: *J. Clin. Med.*, 49:410, 1957.

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*Reg. U. S. Pat. Off.

local priority plans." In a like manner, commercial and industrial groups should not embark upon any program of mass Asian flu inoculation for employees until they have consulted with the local advisory committee.

In a special report appearing in the Sept. 28 issue of the A.M.A. Journal, the committee pointed out that "the vaccine will be available in limited amounts for the next 30 days and that the prospects are that the supply will be larger after that time." Constituent medical societies are again being urged by the committee to take the lead in planning now, if they have not already done so.

"By defining the priority groups within the framework of local practices, conditions, resources, and the particular difficulties confronting the community," the committee said, "advisory committees can evolve an effective action program." The committee pointed out that wide publicity should be given to the priority plan.

In the final analysis, assurance that

priority plans will be followed depends on the full and complete cooperation within the chain of distribution from manufacture through the usual commercial drug channels, to the physician, and finally to the patient. Of equal importance, organizations and individuals should await their turn for vaccine in the order of priority.

Ernest B. Howard, M.D.,
Assistant Secretary, A.M.A.



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HITHER AND YON IN HAMPDEN

The silvery haired Medical Examiner of the District recently was summoned to investigate the sudden demise of a local character, as is required when causes are suspicious. Obviously the man was dead, whether or not the *coupe de grace* had been natural or foul. With sympathetic mien he turned to inquire of the relict details for his official note book, but his cherubic countenance gave no indication that he had detected strong evidence of stale alcohol from both directions.

Before he could begin, however, the door opened and a figure, unknown to the Examiner, burst in clutching a medical bag in one hand. He flung his hat in a corner, sped to the bedside, paying no heed to the others in the room. Evidently the stethoscope indicated extreme urgency for he took out a syringe with an extra long needle, plunged it into the left chest to inject a slug of adrenalin. The voice

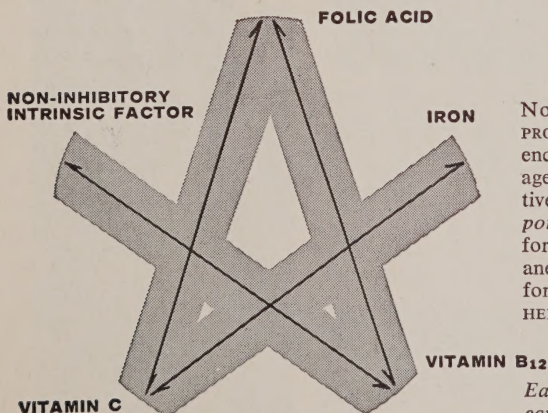
of the examiner broke the stillness as the young man withdrew the instrument with a shake of his head. "You must be the new doctor", he said. "Sorry son, you are too late. I signed out the patient fifteen minutes ago."

G-P CORNER

A meeting of the Springfield Chapter of the Massachusetts Academy of General Practice was held at the office of Dr. John David on October 1, for the purpose of considering a fee schedule. Dr. Warren Platt, representing the Insurance Committee of Hampden District Medical Society, explained that such a schedule was needed to inform labor unions and insurance companies of the average fees for office and house calls and for special procedures.

It was voted to investigate fees of other groups before setting fee schedules for the general practice group.

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Powdered Stomach	200 mg.
Ferrous Sulfate Exsiccated	400 mg.
Ascorbic Acid	150 mg.
Folic Acid	4 mg.

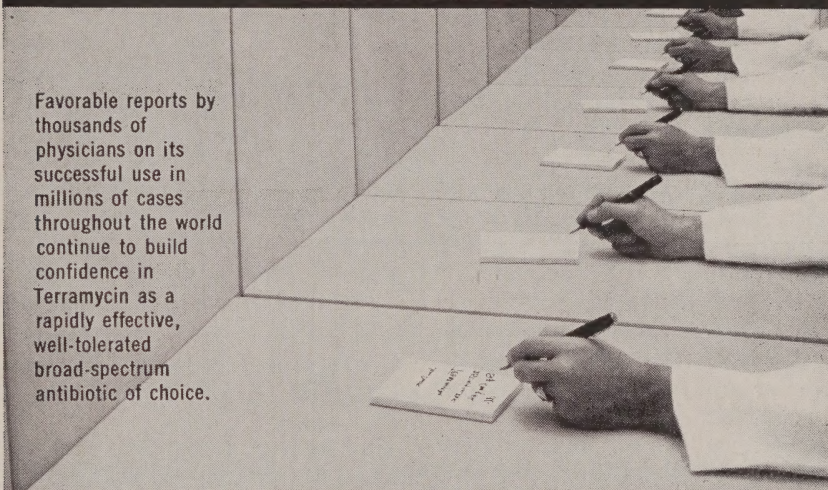


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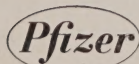
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CLINICAL AND PERSONAL

Mr. John W. Cavers, administrator of the Wesson Memorial Hospital for the last ten years, died on September 25, at the age of 46 of acute leukemia. He was affable, capable and energetic not only in the practice of his chosen profession but also in the numerous community welfare endeavors in which he was so active. He will be sadly missed by all who came to know him.

* * * *

The second annual dinner for interns and residents was held at the Yankee Pedlar on October 15. This affair, which was preceeded by a cocktail hour, was sponsored by the A. H. Robins Company. About seventy house officers from the Hampden District area attended.

* * * *

What Springfield Ophthalmologist with the initials of G.B.C., Jr. made the "Question for Doctors" page of "Scope Weekly"?

* * * *

At the meeting of November 12th the speaker of the Springfield Academy of Medicine will be Dr. Robert S. Palmer, Associate Professor, Harvard Medical School whose topic will be "Hypertension". The pre-meeting clinic will take place at the Wesson Memorial Hospital, 5 P. M.

On December 10th Dr. John H. Talbott, Professor of Medicine, Buffalo School of Medicine will address the Academy on the "Diagnosis and Treatment of Gout". The pre-meeting clinic that day will be held at Mercy Hospital, 5 P. M.

NEUROLOGY SEMINAR

An all-day seminar in Neurology will be presented at the Soldiers' Home, Holyoke, on Wednesday, November 20, 1957. Doctor Joseph Foley, Boston City Hospital, and Doctor Simon Hornstein, Carney Hospital, Boston, will preside over meetings from 10 to 1, 2 to 5 and 7:30 to 9:30 that day. Registration fee is \$10.00 and any

profits resulting from the course will be donated to the Providence Building Fund. Send fee to R. J. Maher, M.D., 337 Appleton St., Holyoke.

No charge to interns, residents and military personnel.

10-11 DIAGNOSIS IN NEUROLOGY. 1. Sometimes neglected aspects of the mental and physical examination of the nervous system. 2. An approach to the special procedures of neurological diagnosis. 3. Common errors in lumbar puncture. 4. The discovery of the "remediable lesion".

11-12 HEAD INJURIES. 1. Concussion, contusion, laceration. 2. Epidural hematoma. 3. Subdural hematoma. 4. Recurrent meningitis after trauma. 5. The post-traumatic syndrome. 6. Post-traumatic epilepsy.

12-1 FITS AND FAINTS. 1. Epilepsy, syncope, hypoglycemia, hyperventilation. 2. The basis work-up of the patient with fits. 3. Status epilepticus. 4. The treatment of epilepsy.

2-3 INVOLUNTARY MOVEMENTS. 1. Essential tremor. 2. Parkinsonism. 3. Cerebellar tremors. 4. Spasmodic torticollis. 5. Sydenham's Chorea. 6. Huntington's Chorea.

3-4 SPINAL LESIONS. 1. Cord compression. 2. Discs, lumbar and cervical. 3. Cervical spondylosis. 4. Platybasia. 5. Multiple Sclerosis. 6. Syringomyelia.

4-5 TREATMENT OF VASCULAR DISEASE. 1. Cerebral hypoxia, especially in relation to cardiac and pulmonary disease. 2. Aneurysms. 3. Brain hemorrhage. 4. Hypertensive encephalopathy. 5. Insufficiency and infarction. 6. Anticoagulants.

7:30-8:30 METABOLIC AND NUTRITIONAL DISORDERS. 1. Periodic paralysis, etc. 2. Wernicke's encephalopathy. 3. Nutritional neuropathy. 4. Rum fits.

8:30-9:30 REHABILITATION AND THE MANAGEMENT OF SYMPTOMS. 1. Headache. 2. Vertigo. 3. Paresthesias. 4. Cramps. 5. Hemiplegia. 6. Aphasia.

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Copper (as CuO)	1 mg.
Fluorine (as CaF ₂)	0.1 mg.
Manganese (as MnO ₂)	1 mg.
Magnesium (as MgO)	1 mg.
Potassium (as K ₂ SO ₄)	5 mg.
Zinc (as ZnO)	0.5 mg.

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REQUIREMENTS FOR TECHNOLOGISTS

By H. Paul Wakefield, M.D.

One of the many important functions of the modern hospital is the provision of medical technology. Since their origin in 1896 medical technicians have increased in number steadily. Today, there are over 25,000 A.S.C.P. Registered Medical Technologists, and probably as many more who are not registered. There are 618 approved Schools of Medical Technology in the United States, with approximately 2000 applicants becoming certified annually.

In spite of this there remains a critical shortage of technologists. This has resulted from a number of causes: (1) More hospital patients, (2) Greater use of laboratory in diagnosis and in treatment, (3) Establishment of new hospitals, and (4) Increasing number of new positions requiring medical technologists, such as research, industry, Armed Forces, and State and Federal government agencies.

Another important factor to be considered in the present shortage of medical technologists, is inadequate compensation. This career, like others in the hospital, pays less than positions offered in industry requiring less education. To offset this, the wage scale for technologists has been recently raised in this area to a level more commensurate with the amount of education and training required. This increase in salary should not only help in interesting young people in this most important career but also to attract a greater number of medical technologists to remain in their chosen field rather than seek employment in other lines of endeavor.

The Springfield area is fortunate in having three approved Schools of Medical Technology located in the laboratories of the Holyoke, Mercy and Springfield Hospitals. The applicants to these Schools must have completed at least two years of college during which time they have pursued a cur-

riculum acceptable to the Registry of Medical Technologists. At the time of application a transcript of the college marks must be submitted to the Registry for approval. The results of the evaluation of the transcript are sent to the School of Medical Technology the applicant is desirous of entering. All approved Schools have at least one full year of scheduled lectures and rotation through the major departments of the laboratory. Upon completion of this year of internship, the student then becomes eligible to take a nationally conducted examination prepared by the Board of Registry of Medical Technologists. Successful completion of the examination certifies a person as a medical technologist M.T. (ASCP).

In spite of the fact that three approved Schools of medical technology exist in this area, relatively few applications are received from local residents. Many of the students enrolled in the local Schools are from other parts of the state or country, and even from foreign countries. These graduates usually return to their home towns leaving unfilled vacancies in the local hospitals. The local Pathologists, as part of a national program, have appeared before local groups, principally fourth-year high school students, in an effort to interest them in medical technology. A suitable film has been produced through the efforts of a national committee, and a copy of this has been obtained locally for showing before both high school and television audiences.

All physicians are urged to help alleviate the present critical shortage by stimulating interest in the career of medical technology whenever the occasion arises. The physician may also help by directing such prospects to the Pathologists of the area, who will be most willing to show them around and to discuss with them the ways and means of obtaining Registry approval for entrance into one of the approved Schools.

NURSING HOMES

Nursing homes are a relatively new type of medical care facility which has emerged to fill social needs as well as medical needs. They purport to accommodate and care for people who require personal and nursing attention not forthcoming in their own homes or in the homes of relatives. Sometimes this entails a type of care which can only be properly provided by trained personnel operating in a special facility. Sometimes the care required is of a sort which might be possible in one's own home, but is not feasible for the particular family or is simply not the desired arrangement. The nursing home is not yet clearly conceived and understood; there is a great need for better understanding the role of the nursing home and similar facilities in caring for the chronically ill.

According to a 1954 survey, there are some 7,000 private nursing homes in this country with some 180,000 beds. These are occupied chiefly by the aged, of whom three fourths are women. One out of eight of these patients are bed-bound; 60% are mentally confused most or part of the time; and one third of the patients are incontinent. Diseases of the circulatory system are the most prevalent medical conditions.

It is interesting to note that of the fourteen million persons over 65 in the United States today, only five percent are in homes for the aged, mental hospitals, nursing homes, and other hospitals.

In Massachusetts specifically, as of the first of this year, there were five hundred eighty-four private nursing homes providing for about thirteen thousand patients. In addition, there were two thousand patients in thirty-two charitably incorporated nursing homes. There were one thousand eight hundred and eighty-seven nurses of various categories working in these homes with an additional two thousand seven hundred and thirteen ancillary work-

ers of various kinds. In many instances, these nursing homes are operated by a man and wife. More than fifty percent of the patients in these nursing homes are public assistance cases.

There are many problems associated with nursing homes. For the operators, there are those relating to construction, safety, sanitation, personnel, and licensing standards. For the patient, a nursing home means loss of friends, family, home, job, and infirmity. Moreover, time hangs heavy on the hands of many in nursing homes. What can be done with this leisure time so that life might be made more meaningful?

Physicians have always played a vital role in the development of any and all medical care facilities and institutions. With their leadership, many a nursing care facility has risen and stands very proudly as an altruistic monument dedicated to the health of the community. This same leadership can and must be extended to the proper development of nursing homes of which the community can also be justly proud.

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"In the better care of the patient, we cannot afford to ignore his economic problems any more than his health deviations. One may very well depend on the other. A straightforward explanation of the hospital costs and surgical fees, preferably before operation or, in the case of emergencies, at a properly selected interval, should serve to eliminate this great element for misunderstanding and grave source of public antipathy and condemnation."

Dr. Wm. L. Estes, President
American College of Surgeons

"The Jenkins-Keogh proposal is the essence of free enterprise and self-reliance."

From a statement by the President, American Bar Assoc.

Vitamins and viral infections

References: 1. Shibley, G. S., and Spies, T. D.: J.A.M.A. 103:2021, (Dec. 29) 1934. 2. Cameron, H. C.: J. Am. Diet. Assn. 11:189, (Sept.) 1935. 3. Franz, W. L., Sands, W. G., and Heyl, H. L.: J.A.M.A. 162:1224, (Nov. 24) 1956. 4. Tchroch, H. E., Arminio, J. J. and Johnston, J. H.: J.A.M.A. 162:1227 (Nov. 24) 1956. 5. Sprunt, D. H.: J. Exp. Med. 104:687, (Nov.) 1956. 6. Klein, M.: Science 101:587, 1945. 7. Feller, H. E., Roberts, L. B., Ralli, E. P. and Francis, T.: J. Clin. Invest. 21:121, 1942. 8. Foster, C., et al.: J. Exp. Med. 79:221, 1946. 9. Rasmussen, A. F., et al.: J. Infect. Dis. 74:41, 1944. 10. Pollack, H. L.: Altered Prognosis in Diabetes Mellitus, read at 6th Ann. Mt. Life Insur. Med. Dir. Amer., Oct. 19-21, 1953. 11. Nutrition Reviews, 15:47, (Feb.) 1957. 12. Nutrition Reviews, 10:353, (Dec.) 1952. 13. Axelrod, A. E., Carter, B. B., McCoy, R. H. and Geisinger, R.: Proc. Soc. Exper. Biol. & Med. 66:137, 1947. 14. Axelrod, A. E. and Pruzansky, J.: Ann. N. Y. Acad. Sci. 63:202, 1955. 15. Axelrod, A. E.: Symposium, National Vitamin Foundation, NYC. (Mar.) 1957. 16. Bessey, C. A.: J.A.M.A. 164:1224, (July 13) 1957. 17. Robertson, E. C. and Tisdall, F. F.: Canadian M.A.J. 40:282, 1939. 18. Tisdall, F. F.: Clinical Nutrition, ed. by Joffe, N., Tisdall, F. F. and Cannon, P. R., Paul B. Hoeber, Inc., New York, 1950, p. 748. 19. Halpern, S. L.: Ann. N.Y. Acad. Sci. 63:147, (Oct. 28) 1955. 20. Kolmer, J. H.: Dietotherapy, ed. by Wohl, M. G., W. B. Saunders Co., Philadelphia, 1945, p. 520. 21. Pollack, H. and Halpern, S. L.: Therapeutic Nutrition, National Academy of Sciences and National Research Council, Washington, D. C., 1952, p. 18. 22. Mac Bryde, C. M.: Sign and Symptoms, ed. 3, Philadelphia, J. B. Lippincott Co., 1957, p. 818.

At present, no convincing evidence links vitamin deficiencies and resistance to viral infections such as the common cold,¹⁻⁴ influenza⁵⁻⁷ or poliomyelitis.^{8,9}

However, in bacterial complications of viral infections, many clinicians¹⁰⁻²² indicate that natural and acquired immunity depends upon adequate vitamin levels.

MacBryde²² states that "there is no evidence to support the view that a higher than adequate normal intake of any or all vitamins will improve health or energy production or will facilitate growth or resistance to infection. However, when one or more vitamin deficiencies exist the effect of supplying the factors lacking is strikingly beneficial."

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